

**Caution: DRAFT FORM**

This is an advance draft copy of a California tax form. It is subject to change and FTB approval before it is officially released.

If you have any comments on this draft form, you can submit them to us on our website at [www.ftb.ca.gov/forms/drafts/index.html](http://www.ftb.ca.gov/forms/drafts/index.html).

**California Resident Income Tax Return 2008****540 2EZ C1 Side 1**Place  
label here  
or print**Name  
and  
Address**

Your first name		Initial	Last name				P  AC  A  R  RP
If joint return, spouse's/RDP's first name		Initial	Last name				
Address (including number and street, PO Box, or PMB no.)						Apt. no./Ste. no.	
City				State	ZIP Code		
<b>SSN or ITIN</b>	Your SSN or ITIN		Spouse's/RDP's SSN or ITIN		<b>IMPORTANT:</b> Your SSN or ITIN is required.		

**Prior Name** If you filed your 2007 tax return under a different last name, write the last name only from the 2007 tax return.
☐ Taxpayer ☐ Spouse/RDP
**Filing Status** **Filing Status.** Fill in the circle for your filing status. See instructions, page 6.

Fill in only one.

- 1 ☐ Single  
 2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income)  
 4 ☐ Head of household. **STOP!** See instructions, page 6.  
 5 ☐ Qualifying widow(er) with dependent child. Year spouse/RDP died \_\_\_\_\_.

If your California filing status is different from your federal filing status, fill in the circle here ..... ☐
**Exemptions** 6 If another person can claim you (or your spouse/RDP) as a dependent on his or her tax return, even if he or she chooses not to, you **must** see the instructions, page 6 ..... ☐ 6

 7 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 ..... ☐ 7

**Dependent Exemptions** 8 Number of dependents. Enter name and relationship (**Do not include yourself or your spouse/RDP**).... ☐ 8

**Taxable Income and Credits** 9 Total wages (federal Form W-2, box 16 or CA Sch W-2, line 3). See instructions, page 6 ..... ☐ 9 **Whole dollars only** 0.0

 10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 ..... ☐ 10 0.0

 11 Total dividend income (Form 1099-DIV, box 1). See instructions, page 7 ..... ☐ 11 0.0

 12 Total pension income ..... See instructions, page 7. Taxable amount. ☐ 12 0.0

 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a). See instructions, page 7 ..... ☐ 13 0.0

 14 Unemployment compensation ..... ☐ 14 0.0

 15 U.S. social security or railroad retirement benefits . ☐ 15 0.0

 16 Add line 9, line 10, line 11, line 12, and line 13. **Do not include line 14 and line 15.** ..... ☐ 16 0.0

 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. **17** ..... ☐ 0.0

**Caution:** If you filled in the circle on line 6, **STOP.** See instructions, page 7, Dependent Tax Worksheet.

 18 Senior exemption: See instructions, page 7. If you are 65 and entered 1 in the box on line 7, enter \$99. If you entered 2 in the box on line 7, enter \$198. .... ☐ 18 0.0

 19 Nonrefundable renter's credit. See instructions, page 7 ..... ☐ 19 0.0

 20 **Credits.** Add line 18 and line 19. .... ☐ 20 0.0

 21 **Tax.** Subtract line 20 from line 17. If zero or less, enter -0- ..... ☐ 21 0.0

 22 Total tax withheld (federal Form W-2, box 17 or CA Sch W-2, box 17 and/or Form 1099-R, box 10) ..... ☐ 22 0.0

 23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22. .... ☐ 23 0.0

 24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21. See instructions, page 8. .... ☐ 24 0.0
Enclose, but do  
not staple, any  
payment.Attach a copy  
of your Form(s)  
W-2 or complete  
CA Sch W-2**Overpaid  
Tax/ Tax Due.**

Your name: \_\_\_\_\_ Your SSN or ITIN: \_\_\_\_\_

**Use Tax**

**25** Use tax. **This is not a total line.**

See instructions, page 8. . . . . ● **25** \_\_\_\_\_ 0.0

**Voluntary Contributions**

	Code	Amount
California Seniors Special Fund. See instructions, page 11 . . . . .	▶ <b>400</b>	00
Alzheimer's Disease/Related Disorders Fund . . . . .	▶ <b>401</b>	00
California Fund for Senior Citizens . . . . .	▶ <b>402</b>	00
Rare and Endangered Species Preservation Program . . . . .	▶ <b>403</b>	00
State Children's Trust Fund for the Prevention of Child Abuse . . . . .	▶ <b>404</b>	00
California Breast Cancer Research Fund . . . . .	▶ <b>405</b>	00
California Firefighters' Memorial Fund . . . . .	▶ <b>406</b>	00
Emergency Food for Families Fund . . . . .	▶ <b>407</b>	00
California Peace Officer Memorial Foundation Fund . . . . .	▶ <b>408</b>	00
California Military Family Relief Fund . . . . .	▶ <b>409</b>	00
California Sea Otter Fund . . . . .	▶ <b>410</b>	00
.....	▶ <b>411</b>	00
.....	▶ <b>412</b>	00
.....	▶ <b>413</b>	00
.....	▶ <b>414</b>	00

**26** Add amounts in code 400 through code 414. These are your total contributions . ● **26** \_\_\_\_\_ 0.0

**Amount You Owe**

**27** **AMOUNT YOU OWE.** Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions, page 9 (**Do Not Send Cash**). Mail to:

**FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **27** \_\_\_\_\_ 0.0

Pay Online – Go to our website at [ftb.ca.gov](http://ftb.ca.gov) and search for **Web Pay**.

**Direct Deposit (Refund Only)**

**28** **REFUND OR NO AMOUNT DUE.** Subtract line 25 and line 26 from line 23. See instructions, page 10. Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** . . . . . ● **28** \_\_\_\_\_ 0.0

Fill in the information to authorize direct deposit of your refund into one or two accounts.

**Do not** attach a voided check or a deposit slip. Have you verified the routing and account numbers? **Use whole dollars only.**

All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below:

☐ Checking  
☐ Savings  
● Routing number      ● Type      ● Account number      ● **29** Direct Deposit Amount \_\_\_\_\_ 0.0

The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:

☐ Checking  
☐ Savings  
● Routing number      ● Type      ● Account number      ● **30** Direct Deposit Amount \_\_\_\_\_ 0.0

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete.

**Sign Here**

It is unlawful to forge a spouse's/RDP's signature.

Joint return? See instructions, page 10.

Your signature

Spouse's/RDP's signature (if filing jointly, both must sign)

Daytime phone number (optional)

X

X

Date \_\_\_\_\_

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid Preparer's SSN/PTIN

Firm's name (or yours if self-employed)

FEIN

Firm's address

Do you want to allow another person to discuss this return with us (see page 10) . . . . . ● ☐ Yes ☐ No

Print Third Party Designee's name

Telephone Number